NEW JERSEY DIVISION OF GAMING ENFORCEMENT TECHNICAL SERVICES BUREAU Received: **DGE** File No.: GAMING DEVICE SOFTWARE SUBMISSION Requested by: Reference No.: **MANUFACTURER** Name of Game Theme: Emergency: Yes No Color Proof of Pay Schedule Included: Yes If YES, attach Deficiency Report. Does a Hardware Submission accompany this Submission? Yes Manufacturers ID # **Position** Version and Date Code Chip Type Checksum **Function** For each program listed, provide the following: Original Lab Prototype No.: PA-Previously Approved File No.: Payback Percentage: Minimum Maximum Optimal Pay Method Total Maximum Wager/Play (Coins) Volatility¹ Maximum Coins-In Maximum Coins/Wager Maximum Credits # of Cards/Deck Max JP Number of Reels STOPS/REEL Odds :1 Number of Lines Features Supported: Description of Modification (attach additional sheets, if needed). Provide "Dif" files in a format acceptable by DGE. Were any of the software modules created, enhanced, modified, or developed by any person or persons **not** employed by your company? Yes No If YES, provide details:

GDSS.DOC DGE 1/8/01

¹ Contact DGE for formula.

CERTIFICATION

I,	am the		of
NAME		TITLE	MANUFACTURER
, an entity authorized by the New Jersey Casino Control Commission to manufacture slot machines or other gaming equipment for distribution to and use by			
New Jersey licensed casinos. I am the chief engineer of the manufacturer or the engineer in charge of the division of the manufacturer responsible for producing			
the product(s) submitted herewith for approval. T	The manufacturer is submitting	a new game personality or the	me or any other equipment referenced in N.J.A.C.
			the Commission. This product will be used in
3 1 11		**	l under separate cover. It is my job responsibility
			d submissions. I hereby certify that the attached
			tests conducted by the manufacturer, that the test
	C I		at any required emulation was performed utilizing
the procedural standards specified by the Division on the attached checklist. I further certify that I am personally familiar with the equipment used by the			
1		* *	e purpose of conducting the tests, that, to the best
, , ,		2	ere performed, and that the employees conducting
* * ·		,	personally may be subject to a civil penalty to be
1 ,	, ,	2	test methodology and, if applicable, emulation
			ents or test data submitted herewith are inaccurate,
for any reason, the manufacturer may be subject to a civil penalty to be imposed by the New Jersey Casino Control Commission. It is my further understanding that if any of the statements contained in this Certification are willfully false, both the manufacturer and I are subject to punishment. Such punishment may			
include the suspension, revocation or denial of my personal qualification status, the imposition of a civil penalty against me personally, the suspension or revocation of the manufacturer's license, and/or the imposition of a civil penalty against the manufacturer.			
revocation of the manufacturer's needse, and/or t	ne imposition of a civil penaity	agamst the manufacturer.	
AUTHORIZED SIGNATURE		DATE	